

# THE SHINING STAR

## Supplemental Holiday Program

### Purchaser Information:

Name:		Date:
Home Phone: <small>/giving/</small>	Cell Phone:	
Mailing Address:		
Town:	State:	Zip:
Email:		

### Giving Interest (Please select one category):

<input type="checkbox"/>	I am interested in giving to any individual, any age, any gender.						
<input type="checkbox"/>	I am interested in giving to a specific individual in the categories as circled below: <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Infant / Toddler 0-3</td> <td style="text-align: center;">Preschooler 3-5</td> <td style="text-align: center;">School Age 5-12</td> </tr> <tr> <td style="text-align: center;">Teen 13-18</td> <td style="text-align: center;">Adult 18-65</td> <td style="text-align: center;">Senior 65+</td> </tr> </table>	Infant / Toddler 0-3	Preschooler 3-5	School Age 5-12	Teen 13-18	Adult 18-65	Senior 65+
Infant / Toddler 0-3	Preschooler 3-5	School Age 5-12					
Teen 13-18	Adult 18-65	Senior 65+					
<input type="checkbox"/>	I am interested in giving a monetary contribution in the amount of \$_____. Please make checks payable to Berkshire South Regional Community Center or visit <a href="http://berkshiresouth.org/giving">berkshiresouth.org/giving</a>						

Thank you for your participation in this program and please do not hesitate to contact us with any comments or concerns. **Gifts should be purchased and returned to the Community Center UNWRAPPED no later than Thursday December 11, 2017.**

Berkshire South Regional Community Center will approve request applications as Shining Stars become available and will confirm with recipients and Shining Stars at that time.

Do not write below this line. Office Use Only.

Recipient Match Name:	Recipient #
Gifts received from Star on date:	